



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	29 th May 2019	
Agenda Item:	P1-101-19	
Title:	Annual Appraisal & Revalidation Report 2018 - 2019	
Report prepared by:	Dr Helen Innes, Appraisal Lead Paula Dale, Interim Head of Medical Workforce	
Executive Lead:	Dr Sheena Khanduri	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	The purpose of this report is to inform Trust Board regarding the actions taken to develop Medical Appraisal and support Medical Revalidation during 2018/2019 and to present the plans for further development in 2019/20.
---	---

Action Required:	Discuss	
	Approve	
	For Information/Noting	X

Next steps required	
---------------------	--

The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	X	Collaborative system leadership to deliver better patient care	X
Retain and develop outstanding staff	X	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3.If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

TITLE: Annual Appraisal & Revalidation Report 2018 - 2019

AUTHOR: Dr Helen Innes, Appraisal Lead
Paula Dale, Interim Head of Medical Workforce

**RESPONSIBLE
DIRECTOR
FOR:** Dr Sheena Khanduri, Medical Director
Information / Discussion

1. Executive summary

This report has been prepared to provide an update to the The Clatterbridge Cancer Centre NHS Foundation Trust Board on the appraisal and revalidation period from the 1st April 2018 to 31st March 2019.

2. Purpose of the Paper

The purpose of this report is to inform The Clatterbridge Cancer Centre NHS Foundation Trust Board regarding the actions taken to develop Medical Appraisal and support Medical Revalidation during 2018/2019 and to present the plans for further development in 2019/20.

3. Background

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

NHS Trusts have a statutory duty to support their Responsible Officers (RO's) in discharging their duties under the Responsible Officer Regulations 1 and it is expected that NHS Trust Boards will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals in their organisations
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors
- Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for the doctors
- Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Each doctor is required to revalidate their GMC Registration once every five years and are allocated a set revalidation date. Once a doctor has been revalidated, a new five year cycle commences for that individual, whereby they will be required to revalidate at the end of the fifth year.

Medical Appraisal has been established at The Clatterbridge Cancer Centre NHS Foundation Trust (CCC) for a number of years. However, the format and delivery has had to be updated to comply with the requirements of the GMC for 'strengthened' appraisal.

'Strengthened appraisal' is a new form of medical appraisal, is the cornerstone of Medical Revalidation (for the remainder of this document, this will be referred to as 'appraisal'. The revalidation of doctors requires satisfactory appraisal, according to this format to be carried out each year.

All doctors registered by the GMC and hold a licence to practise medicine are required to have a Designated Body (DB) for the purposes of revalidation. The Clatterbridge Cancer Centre NHS Foundation Trust is such an organisation. Each DB must have in place an infrastructure that supports appraisal and revalidation, including the appointment of a Responsible Officer (RO). At the Clatterbridge Cancer Centre NHS Foundation Trust, the RO is the Medical Director.

When a doctor's revalidated date (set by the GMC) approaches, the RO is required to make one of the following three recommendations. The recommendations are based on whether or not the doctor has undergone a satisfactory annual appraisal over the current revalidation cycle:

- Revalidate
- Defer revalidation – this recommendation is made when some further steps need to be taken to complete a satisfactory appraisal or when the doctor is unable to progress the process at the present time due to, for example, maternity leave.
- Record non-engagement – this recommendation may lead to suspension of the doctor from the Medical Register. This is not a decision that is or should be left to the Responsible Officer. Any such concerns will have been dealt with on an ongoing basis and only in the event that a doctor fails to engage after exhaustion of the Trust's escalation process will a report be sent to the GMC.

Failure to revalidate will ultimately result in the removal of the doctor from the Medical Register.

All doctors employed by The Clatterbridge Cancer Centre NHS Foundation Trust are subject to revalidation and the Trust is their Designated Body with the following exceptions:

- Training grade doctors with a national training number. The Postgraduate Deanery is their Designated Body.
- Doctors carrying out sessional work at The Clatterbridge Cancer Centre NHS Foundation Trust who hold substantive employment with another NHS organisation and/or agency locums.

4. Governance Arrangements

The Responsible Officer has access to GMC Connect which is a system used by Responsible Officers to make recommendations regarding doctors. GMC Connect contains a list of all doctors who have a prescribed connection to their Designated Body e.g. The Clatterbridge Cancer Centre NHS Foundation Trust.

The RO has to submit revalidation recommendations when they are due.

The prescribed list is kept up to date as doctors join or leave the Trust by the RO, or the Head of Medical Workforce (HoMW).

5. External Monitoring of Performance

The Trust is monitored by the Annual Organisational Audit which is administered by the Regional Offices of NHS England who collect a standard data set. The Trust participates in this audit and a quarterly return is submitted on appraisal and revalidation which is also captured by NHS England. The Trust is due to complete and submit the Annual Organisational Audit for 2018 – 2019 by the 7th June 2019.

6. Medical Appraisal

The appraisee gathers evidence about their practice and reflects on this according to the appraisal format specified by the GMC. This has four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork and maintaining trust. The evidence that the appraisee provides is at their discretion, but should include details of their Continuing Professional Development (CPD) and, once in every 5 year cycle, should also include multisource feedback from colleagues and patients and a quality improvement activity. This is undertaken by a 360 feedback assessment and is facilitated by an external company.

The role of the appraiser is to ensure that sufficient information has been provided for an informed appraisal to take place, to challenge and support the reflection of the appraisee, to assess progress against the Personal Development Plan (PDP) set in their previous appraisal and to agree a PDP for the following year.

The appraiser has to sign off the following statements to complete the appraisal.

- An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.
- Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work.
- A review that demonstrates progress against last year's personal development plan has taken place.
- An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
- No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice.

The appraisal document is recorded on the Trust's on line appraisal support system CRMS supplied by The Learning Clinic. This is a secure on line system that records appraisals, including their supporting information and outputs and makes these records visible, as required, by appraisers, the Responsible Officer and the Medical Education Team. All doctors for whom The Clatterbridge Cancer Centre NHS Foundation Trust is their Designated Body have their appraisal records entered into this system. The annual appraisal process is overseen by the Trust's Appraisal Lead, Dr Helen Innes.

Records of appraisals are tracked and recorded within the system.

The Trust has a contract with Equiniti 360 for Multisource 360 degree feedback from patients and colleagues. This is carried out by all doctors for whom The Clatterbridge Cancer Centre NHS Foundation Trust is their Designated Body.

It is a GMC recommendation that no appraisee is appraised by the same appraiser for more than three years in succession. Also, to avoid collusion, "mutual" appraisals where two appraisers appraise each other in the same year are not permitted.

The CRMS system is used to capture this information and ensure the Trust is compliant in this.

Number of doctors with prescribed connection as at 31st March 2019 = 68

7. CCC Appraisal rates in 2016/17 and 2017/18

	2016/17	2017/18
No. of prescribed connections	55	66
No of completed appraisals Outcome 1	24 (44%)	49 (74%)
No. of appraisal not completed – excused (e.g. sickness/mat leave etc.) Outcome 2	7 (13%)	8 (12%)
No of appraisals not completed – not excused Outcome 3	24 (44%)	9 (14%)

Whilst there was an improvement in appraisal rate in 2017/18 compared to 2016/17 the overall rate for appraisals at CCC was significantly below the target for trusts of 90%, and CCC was an outlier performer of foundation trusts in the North. As a result of this the trust self-referred to Revalidation North to request support to improve. A quality review meeting with Revalidation North was held at CCC in June 18. The trust was given a target of achieving a 90% appraisal rate for 2018/19. Suggestions made by Revalidation North have been acted on to further build on the progress in the appraisal process and systems which had already been implemented.

The Appraisal Lead and HoMW attended weekly meetings with the Medical Director and the Director of HR & OD from January to March 19. These meetings were used proactively to discuss progress towards achieving the compliance target. Appraisees and appraisers were contacted individually and reminded of their responsibility to complete the appraisal and the documentation in a timely with the appraisal process including final sign off being completed within 28 days.

8. CCC Appraisal rates 2018/19

	2018/19
No. of prescribed connections	68
No of completed appraisals (Outcome 1)	64 (94%)
<ul style="list-style-type: none"> Completed within 28 day (Outcome 1a) Completed after 28 days (Outcome 1b) 	47 (74%) 17 (26%)
No. of appraisals not completed – excused (e.g.sickness/mat leave) Outcome 2	4 (6%)
No. of appraisals not completed – not excused Outcome 3	0

Pleasingly, there has been a significant improvement in the CCC appraisal rates this year. Credit should be given to the appraisers at the Trust who have managed to undertake their

allocation of appraisals in a curtailed and intensive period which resulted in the trust exceeding the target imposed by Revalidation North.

However, the rate of appraisals being completed after the 28 day timeframe remains concerning and is being addressed in the appraiser job descriptions (please refer to section 14).

9. Appraisers and Appraisees

In order for the Trust to successfully implement strengthened appraisal, it is necessary to have appraisers trained according to the format stipulated by the Revalidation Support Team (RST).

Following the completion of the annual appraisal process on the 31st March 2019, it has been identified that additional appraisers are required to enable the ratio of appraisee / appraiser to be reduced and to ensure the Trust has a good number of trained appraisers to cover absences, leavers and those who decide to give up this additional activity. The Trust currently has 12 trained appraisers. To keep the ratio at 4-5 appraisees to 1 appraiser, as agreed by Revalidation North, it has been identified that the Trust requires an additional 6 appraisers.

Dr Innes and the Head of Medical Workforce have continued to work closely to increase the engagement of appraisers and appraisees and to ensure there is a greater understanding of the value and importance of Medical Appraisal within the Trust. This has included sessions on appraisal being held at the education day at CCC Wirral in October and at RLUH for haemato-oncologists in November.

Dr Innes has liaised with Wirral University Teaching Hospital NHS Foundation Trust (WUTH) to share best practice in appraisal systems and processes. She has secured agreement for CCC appraisers to attend annual appraiser refresher training at WUTH which will address general appraiser issues. Two dates have been arranged for May and November 2019 and all appraisers will attend one of these dates. In addition, regular in-house appraiser forums have been re-instituted to allow appraisers to receive peer support and to address specific CCC appraisal requirements.

10. Quality Assurance

The Appraisal Lead and Head of Medical Workforce have developed a specific CCC medical appraisal checklist based on the Responsible Officer and Appraisal network document "Simplifying Appraisal Preparation for Doctors". This has been devised to ensure that appraisees and their appraisers are aware of the minimum requirements for appraisal documentation. The Head of medical workforce or Appraisal lead quality assure all completed appraisals against this checklist.

11. Access, security and confidentiality

Access to CRMS continues to be via a password-protected website.

The detail of the discussions during the appraisal interview is confidential to the appraisee and appraiser apart from where concerns about performance arise. In this case the appraiser will bring this to the attention of the Responsible Officer.

When uploading information into the CRMS the appraisee is asked to declare that "this document does not contain any patient identifiable data".

12. Clinical Governance

Individual Consultant activity data is received and up loaded by the Medical Workforce Team to the CRMS system

Individual doctors request data on complaints and Serious Untoward Incidents (SUIs) for inclusion in their appraisal portfolio.

13. Revalidation Recommendations

The Responsible Officer has access to GMC Connect which is used by Responsible Officers to make recommendations about doctors. The Responsible Officer has to submit revalidation recommendations for individual doctors every 5 years.

This is the sixth year of medical revalidation. In 2018-2019 the figures are as follows:

Recommended for Revalidation 18 (plus 1 brought forward from 2019-2020)

***Number of Revalidations completed 19**

****Deferred 5 (insufficient evidence – recommendation defer revalidation)**

Number of Revalidations not completed 0

***This represents 100% of recommendations due in this period**

****The deferred revalidations have subsequently been approved. The number of deferred appraisals are included in the number of completed revalidations.**

14. Remuneration for Appraisers

Remuneration of appraisers was discussed at the visit by Revalidation North in June 18. It was agreed that it would be appropriate for appraisers to be awarded an additional 0.25PA for completing 4 to 5 appraisals per year (to include attendance at regular appraisal training updates). This has been agreed and implemented from April 19.

The role of the appraiser has been formalised and a job description is currently being drafted. The key points will include:

- 0.25PA for 4-5 appraisals per year
- Appraisers to complete appraisals in a timely fashion (i.e. within 28 days of the meeting)
- Annual review of appraiser performance with the Appraisal Lead. This will include a quality review of appraisal documentation and summaries, mapped against the Trust's appraisal checklist and appraisee feedback
- Annual attendance at one-day refresher training and regular attendance at in-house appraiser forums

15. Responding to Concerns and Remediation

The Trust has had no instances of action requiring remediation

16. Areas Requiring Improvement and Next Steps

An action plan to improve appraisal completion rates and the quality of appraisal at CCC was drawn up following the conclusion of the appraisal process in 2017/18, modified following suggestions made during a visit from Revalidation North in June 2018 and subsequently regularly updated to reflect progress made. The action plan agreed with Revalidation North, is near completion with the outstanding actions being completed in the next 6 months. Please refer to Medical Appraisal and Revalidation action plan

17. Targets

- Match the achievement of 2018/19 of all doctors who have not been absent from work (e.g. long term sickness/ maternity leave) completing appraisals within the year.
- Improve the proportion of appraisals being completed within the 28 day timeframe

18. Recommendations

The Board is requested:

- 1) to note the contents of this report, and that it will be shared, along with the annual audit, with the Higher Level Responsible Officer at NHS England, and to consider any actions required, and
- 2) to note that following the conclusion of the annual appraisal process for 2018-2019, the Trust was compliant by exceeding the 90% appraisal rate which was set by Revalidation North.

Action Plan – Medical Appraisal and Revalidation

Lead: Appraisal Lead and Head of Medical Workforce
Review/Monitor Group:

Date: 16th May 2019
Deadline:

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
Organisation	Ensure individual doctors engage in completion of and reflection on 360° feedback reports Checking of equiniti online portal to ensure compliance	Oct 2019	HoMW	Update doctors that 360 will now be held in year 4 instead of year 5	Education session on appraisal to be given Jun 19 Review of compliance with 360 Oct 19	
Recruitment/retention Medical Appraisers	Formalise expectations of appraisers – to provide written role description, person specification and terms of engagement. Issue job description and person specification to existing and potential appraisers	Apr 2019	RO / AL	Components of job plan agreed and circulated to current and prospective appraisers. Job plan to be completed and sent to appraisers. Appraiser job description currently being drafted	31.05.19	
Recruitment/retention Medical Appraisers	For new appraisers implement a formal review of performance after 3 appraisals by appraisal lead will tie in with recruitment process above.	June 2019	AL / JHiMW	Currently all appraisals quality assured by Appraisal lead/manager. HEI to investigate the process used in other trusts and to consider asking	June 19	

Clatterbridge Cancer Centre
NHS Foundation Trust

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
				senior appraisers to be involved		
Recruitment/retention Medical Appraisers	Ensure appraiser role is covered in job plan review meetings also consider monthly / quarterly compliance report to CDs / GMs	June 2019	RO/ CDs	2018/2019 report completed & distributed to CDs CD's monthly / quarterly report underway	June 19	
Recruitment/retention Medical Appraisers	Establish a process for evaluation of performance of appraisers including quality of appraisal summaries (beyond the CRMS evaluation already in place) Investigate what other Trusts do to ensure ongoing commitment and quality.	Nov 2019	HoMW / AL / RO	All appraisers attending external refresher training course booked for May & November 2019 In-house appraiser forums set up for July 19	Nov 19 – to ensure all appraisers attended	
Recruitment/retention Medical Appraisers	Implement provision for removing appraisers where appraisal reviews are consistently below the expected standard. Will tie in with recruitment process above	Aug 2019	RO/ AL	Not yet needed HEI to review quality of all appraisals to enable individual feedback to appraisers	Aug 19	
Appraisee Time	Ensure that appraisees have sufficient SPA time within their job plans to enable this – is this within the scope of recent work on SPA?	Aug 2019	RO / CDs	Check that all doctors have minimum SPA time to allow sufficient time for undertaking their own appraisal and included in job planning process	Job plan reviews starting April 19	
Appraisee Time	Consider whether there is further scope for Medical Education and Revalidation Team to reduce the work needed by appraisees in preparing their appraisal documentation by pre-populating some fields (work already on-going). Work already started on establishing a minimum data set for inclusion in all appraisals	April 2019	AL/ HoMW	Need to liaise with other departments to ensure that all Trust available data is uploaded into individual doctors' appraisals At present not all information is automatically sent to doctors / MERT	June 19	
QA of Medical Appraisal	Evaluate use of EXCELLENCE QA template and consider ASPAT	Mar 2019	HoMW / AL/ RO	Discussion at QA meeting with Revalidation North that likely to be changes in quality assurance	Aug 19	

Clatterbridge Cancer Centre NHS Foundation Trust

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
	template. Excellence tool currently used but not formally documented			processes regionally therefore HEI to review this before amending current process s		
QA of Medical Appraisal	Formalise QA process prior to final sign off Do we include completion of template in CRMS before final sign off?	Mar 2019	HoMW/ AL	Review the appraisal checklist when undertaking 'final sign off'	Jun 19	
QA of Medical Appraisal	Formalise process for RO to evaluate evidence prior to revalidation recommendation. Do we introduce a template for RO sign off before recommendation made - if so does this get copied to appraisee to advice recommendation.	Apr 2019	AL	Checklist for RO to ensure that 360 and recent appraisal completed prior to revalidation	Jun 19	
Clinical Governance/ link to CGST	Establish formalised process for collecting clinical governance data to be included in appraisal. Produce flowchart / SLA Enable easier linking of information to appraisals	June 2019	HoMW / RO	Need to liaise with other departments to ensure that all Trust available data is uploaded into individual doctors' appraisals. At present not all information is automatically sent to doctors / MERT	Jun 19	
Medical Appraisal/ Revalidation	Submit Medical appraisal and revalidation policy to JLNC	June 2019	RO / CDs	Needs to be submitted once finalised	Jun 19	
Medical Appraisal/ Revalidation	Submit Medical appraisal and revalidation policy to CCC Document Control Manager	June 2019	AL	To submit once finalised	May 19	
Appraisal and Revalidation Strategy	Add all appraisal information on extranet. Work with communications team / Frank digital.	June 2019	HoMW	Not yet addressed	June 19	
Appraisal and Revalidation Strategy	Consider sanctions for late sign off. to be discussed with MD / CDs / GMs	June 2019	HoMW/ AL / SK	Included in appraisal policy	May 19	

Clatterbridge Cancer Centre NHS Foundation Trust

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
COMPLETED						
Engagement	Better engagement of appraisees, Presentation at education rolling day, Detail what has been done and future direction of medical appraisal and revalidation	Dec 2018	AL / HoMW / RO	Session on appraisal given at Education day 16/10/2018 Further session given for Haemato-oncology on 17/11/2018	Completed	
Engagement	Better engagement of appraisees, Presentation at MAC, Detail what has been done to address poor compliance and broad overview of future plans, Consider communicating compliance progress at every MAC meeting	May 2019	RO / HoMW	Allocated time within Consultant Rolling Day Programme. First presentation 19 th June. Compliance for 2018-19 communicated to all consultants by email April 19 (decided that this was preferable to discussing at MAC)	Completed	
Engagement	Better engagement of appraisees, Switch the automatic reminders on within CRMS, will alert individuals to appraisal due date prior to meeting and obligation to sign off within 28 days post meeting	Dec 2018	HoMW	Pre-appraisal reminder and post-appraisal reminder e-mail – Implemented (decided this was a better process than using CRMs for this purpose)	Completed	
Organisation	Identify time needed for each appraisal, Research other Trusts and nationally available data	Feb 2019	HoMW / AL	Time required for appraisers to complete each appraisal discussed and agreed with Revalidation North and funding for appropriate remuneration secured.	Completed	
Organisation	Agree on the desired number of appraisers required by the Trust	Sep 2018	HoMW / AL / RO	Agreed ratio agreed with Revalidation North. 3 New appraisers identified, awaiting initial training	Completed	
Organisation	Agree on the ratio of appraisees to appraiser	Oct 2018	HoMW / AL	Agreed by appraisers, appraisal lead and RO with guidance from Revalidation North	Completed	
Organisation	Establish process and on-going timetable for academic appraisals. Agreement with Andy Pettitt to be sought - process to be included in updated Medical Appraisal and	Aug 2018	HoMW / AL / RO	Initially included in normal allocation of NHS appraisers to appraisees to avoid unnecessary delay. Arrangements put in place for all academics to have joint appraisal	Completed	

Clatterbridge Cancer Centre
NHS Foundation Trust

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
	Revalidation Policy.			from 19/4 onwards Process included in appraisal policy		
Organisation	Review process for allocation of appraisers and ensure that this meets GMC guidance, use research data and previous CRMS records.	Aug 2018 and ongoing	HoMW/AL	Reviewed, meets GMC guidance. Allocation of appraisee to appraisers reviewed and amended as needed (e.g. if doctor has been appraised more than three times by an appraiser)	Completed	
Organisation	Re-propose "anniversary dates" for annual appraisal. Ensure appraisals are evenly spread through the year and avoid appraisers having to do several in a short space of time.	Dec 2018	HoMW / AL	Anniversary dates agreed and spread over year, avoiding March as suggested by Revalidation North, implemented and reminder process implemented as above.	Completed	
Organisation	Ensure administration of 360° feedback reports aligns with individual revalidation dates. Equiniti 360 contracted to produce reports and have a record of all doctors with a prescribed connection and their revalidation dates.	on-going	HoMW	Updated spreadsheet sent to Equiniti 16/9/18. <ul style="list-style-type: none"> 360 diarised for completion in year 4 prior to annual appraisal 	Completed	
Appraisers Time	Investigate the current barriers to appraisers being able to conduct appraisals and to write up the summary – brief questionnaire? conduct face to face interviews with appraisers using set template	Dec 2018	AL / HoMW	HEI sent appraiser reflection survey with feedback w/c 3/9/18	Completed	
Appraisers Time	Investigate the arrangements at other trusts for recompensing appraisers, e-mail regional Trusts / Speak to Revalidation Lead Paul Twomey	Feb 2019	HoMW	As above appraiser time required to complete appraisal agreed with Revalidation North, funding secured for additional SPA time for appraisers	Completed	
Appraisers Time	Ensure that appraisers' work is	Feb 2019	RO / CDs	Job planning round 19/20 to include allocation of agreed time.	Completed	

Clatterbridge Cancer Centre NHS Foundation Trust

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
	adequately covered by their job plan, within SPA time. If this is not feasible within current job plans consider allocating additional SPA (or could this be classed as an additional responsibility?) collect and analyse research data around time spent on appraiser activity					
Appraisers Time	If additional SPA (or AR) is needed develop a business case for additional resources to enable this. using research data around time spent on appraiser activity	Feb 2019	AL/ HoMW/ RO	As above funding for additional SPA time secured.	Completed	
Recruitment/ retention Medical Appraisers	Consider increasing the number of appraisers and/or replacing appraisers who do not have time within their job plans. Ensure the appraiser role is well "advertised" at MAC / education meetings etc.	on-going	AL / HoMW / RO	<ul style="list-style-type: none"> TNew appraisers appointed and attending course June 2019 	Completed	
Recruitment/ Retention Medical Appraisers	Review recruitment and selection of appraisers to ensure it is in accordance with national guidance (Quality Assurance of Medical appraisers). Establish process (currently ad-hoc but not discriminatory)	on-going	RO / AL	Expression of interest email sent out, 3 positive responses, due for training in June	Completed	
Recruitment/ retention Medical Appraisers	Consider including expectation of attendance at appraiser forums in appraisers' role description.	Apr 2019	AL / RO	Included in email to current and potential appraisers and will be included in job description	Completed	
Appraisee Time	Investigate the current barriers for appraisees Conduct face to face interviews with appraisees using set template.	Apr 2019	AL/RO	Discussed at education day Oct 18 and at Haem-Onc appraisal meeting Nov 18 To be raised again at Consultants	Completed	

**Clatterbridge Cancer Centre
NHS Foundation Trust**

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
				Rolling Half Day June 2019		
Appraisee Time	Presentation at rolling educational meeting, invite ideas for how to reduce the work/simplify the process for appraisees.	Dec 2018	AL / RO	<ul style="list-style-type: none"> Presentation to CCC Wirral doctors on education day 16/10/2018 Further session run for Haemato-oncology on 17/11/2018 To be included at Rolling Half Day June 2019	Completed	
QA of Medical Appraisal	Re-establish at least 2 x yearly appraiser forums. First re-vamped forum to take place in June	Jun 2018 and on-going	HoMW / AL	Session given June 18 – poor attendance Further regular sessions planned to start July 18 after introduction of formalised arrangements for appraisers' remuneration/expectations for attendance at education sessions implemented	Completed	
QA of Medical Appraisal	Investigate other trusts' quality assurance processes As part of research into Medical Appraisal and Revalidation at other Trusts.	Mar 2019	HoMW / AL	HI met with Appraisal Lead for Wirral University Teaching Hospital Audit of 2018/2019 Appraisals	Completed	
Link to GMC	Review quality of educational appraisal in conjunction with DME. Currently forms used are not user friendly and information provided by appraisee is not consistent.	Nov 2018	HoMW/ AL	Appraiser checklist has been introduced Doctors trained either at sessions in Oct / Nov or sent information / instructions with opportunity to ask for further training. Review of implementation required	Completed	
Link to GMC	Implement refresher training on "educational appraisal" for appraisees	Nov 2018	HoMW / AL / SMO	Presentation to CCC Wirral doctors on education day 16/10/2018. Further	Completed	

Clatterbridge Cancer Centre NHS Foundation Trust

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
	and appraisers in educational programme/appraiser forums. Emphasise link to GMC Standards for trainers and obligations on all doctors to train future doctors.			session run for Haemato-oncology on 17/11/2018. Non attendees received information / instructions with opportunity to ask for further training. Further training at Consultant Rolling Half Day June 2019		
Medical Appraisal/ Revalidation	Re-visit appraiser and appraisee training and refresher training. Content is in line with NHS England approved trainer guidelines - look at delivery methods and time frames for appraisees as well as appraisers	New date required	HoMW / AL	Appraisers to attend annual refresher training at WUTH and in-house appraiser forums	Completed	
Benchmarking and Good Practice	Re-establish attendance at regional / national networking groups. Obtain dates for NW meetings and contact Revalidation North Lead Paul Twomey to enquire whether reference group is still operational.	Jun 2018	hoMW / AL	Both SB and HI have attended meetings since June 2018	Completed	
Benchmarking and Good Practice	Prepare for table top assessment by NHS England Revalidation Team	Dec 2018	HoMW / AL/ RO	Documents sent to NHS England (Nov 2018)	Completed	
Appraisal and Revalidation Strategy	Consider sanctions for non-compliance. to be discussed with MD / CDs / GMs	June 2019	HoMW / AL / RO	Included in appraisal policy	completed	
Medical Appraisal/ Revalidation	Update Medical appraisal and revalidation policy and ensure that it is compliant with national policy and good practice. SB to present updated policy document to SK / HI	May 2019	HoMW / AL/ RO	HI amended policy written by SB in April 19 – needs to be reviewed by SK	completed	
Appraisee Time	Consider regular drop-in sessions for appraisees - possibly regularly at each rolling education meeting. Investigate what the medical workforce require in terms of assistance (access / frequency etc.) as part of structured	June 2019	AL / HoMW	Some sessions have taken place but poorly attended.	Completed	

Topic	Issues /Action	Deadline	Trust Lead	Progress of Action	Date of Next Review	RAG Rating
	interviews					
Organisation	Review the process by which the appraisers/appraisal lead/ Medical Education and Revalidation Team lead inform RO of any issues resulting from appraisals to ensure timely intervention. Ensure that appraisees and appraisers are using the post appraisal forms in CRMS effectively	Dec 2018	AL / HoMW / RO	<ul style="list-style-type: none"> Weekly meetings held Feb-March 19 to review progress, from April 19 monthly as needed. Process reviewed December 2018, following which and escalated reminder system was implemented April 2019, 	Quality of appraisal summary to be raised at appraisers' forums 2nd and 4th July On-going Education session on appraisal planned for Rolling Half Day 19th June	

KEY

RO – Responsible Officer

HoMW – Head of Medical Workforce

AL – Appraisal Lead